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	correspondence including a below or directed oth	o the Detent advance or	JE FEE and PUBLICATION ders and notification of magnetic properties) specifying a new corresponding to the properties of the properties of the propertie	naintenance fees w pondence address;	and/or	(b) indicating a sepa	rate "FEE A	DDRESS" for	
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39290		/2009	_	Cert	tificate (of Mailing or Trans	mission		
DUANE MOR 505 9th Street Suite 1000	RIS LLP - DC		I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
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1		TENT & TRA						(Date)	
APPLICATION NO.			FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.		
10/629,339	07/28/2003	Thomas G. Woolston 13466-006002 6296							
TITLE OF INVENTION	: CONTEXT-SENSITIV	'E SWITCHING IN A C	OMPUTER NETWORK E	NVIRONMENT					
							•	•	
		T	T	I		TOTAL FEE(0) PUE	T DA	TE DUE	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE TOTAL FEE(S) DUE		<u> </u>			
nonprovisional	YES	\$755	\$300	97/08/2009 SMOHAMM\$ 1055000018 04167907/C			^{(07/2} 009 1 0629339		
EXAMINER		ART UNIT	CLASS-SUBCLASS	01 FC:2501 755.00 DA 02 FC:1504 300.00 DA					
2110,211111		2455	709-238000						
 Change of correspond CFR 1.363). 	ence address or indication	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Duane Morris LLP							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
The Address of the Property attached. "Fee Address" indication (or "Fee Address" Indication form P1"O/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.									
3. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty	pe)					
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Please check the approp	riate assignee category o	r categories (will not be p	printed on the patent):	Individual XX C	orporati	on or other private g	roup entity	Government	
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Ple	ase first reapply a	ny prev	iously paid issue fe	shown abo	ve)	
Issue Fee									
Advance Order -		The Director is hereby	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1679 (enclose an extra copy of this form).						
			overpayment, to Depo	osit Account Numb	er <u>()4</u>	-16/9 (enclose	an extra copy	/ Of this form).	
a Applicant clair	atus (from status indicate ns SMALL ENTITY stat	tus. See 37 CFR 1.27.	፟ b. Applicant is no lor	nger claiming SMA	LL EN	ΓΙΤΥ status. See 37 (CFR 1.27(g)(2).	
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